

<i>SERFF Tracking Number:</i>	<i>BEAZ-125353164</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Beazley Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>BICI0040-AR (F)</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0006 Directors &amp; Officers Liability</i>
<i>Product Name:</i>	<i>Beazley One - Private Company Liability Insurance Program</i>		
<i>Project Name/Number:</i>	<i>/BICI0040-AR (F)</i>		

## Filing at a Glance

Company: Beazley Insurance Company, Inc.

Product Name: Beazley One - Private Company SERFF Tr Num: BEAZ-125353164 State: Arkansas

Liability Insurance Program

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$20

Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: BICI0040-AR (F)

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Nancy Wilson, Renata Wright, Laura Maragnano, Evelyn Perran

Disposition Date: 11/18/2007

Date Submitted: 11/14/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name:

Status of Filing in Domicile:

Project Number: BICI0040-AR (F)

Domicile Status Comments: Filed simultaneously

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 11/18/2007

State Status Changed: 11/18/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See cover letter for filing information.

## Company and Contact

SERFF Tracking Number: BEAZ-125353164 State: Arkansas  
Filing Company: Beazley Insurance Company, Inc. State Tracking Number: EFT \$20  
Company Tracking Number: BICI0040-AR (F)  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: Beazley One - Private Company Liability Insurance Program  
Project Name/Number: /BICI0040-AR (F)

### Filing Contact Information

Renata Wright, Sr. Compliance Analyst renata.wright@beazley.com  
30 Batterson Park Road (860) 677-3737 [Phone]  
Farmington, CT 06032 (860) 679-0247[FAX]

### Filing Company Information

Beazley Insurance Company, Inc. CoCode: 37540 State of Domicile: Connecticut  
30 Batterson Park Road Group Code: Company Type: Property and  
Casualty  
Farmington, CT 06032 Group Name: N/A State ID Number:  
(860) 677-3700 ext. [Phone] FEIN Number: 04-2656602  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$0.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Beazley Insurance Company, Inc.	\$20.00	11/14/2007	16636570

SERFF Tracking Number: BEAZ-125353164 State: Arkansas  
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Product Name: Beazley One - Private Company Liability Insurance Program  
Project Name/Number: /BICI0040-AR (F)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/18/2007	11/18/2007

*SERFF Tracking Number:*      *BEAZ-125353164*      *State:*      *Arkansas*  
*Filing Company:*      *Beazley Insurance Company, Inc.*      *State Tracking Number:*      *EFT \$20*  
*Company Tracking Number:*      *BICI0040-AR (F)*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0006 Directors & Officers Liability*  
*Product Name:*      *Beazley One - Private Company Liability Insurance Program*  
*Project Name/Number:*      */BICI0040-AR (F)*

## **Disposition**

Disposition Date: 11/18/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BEAZ-125353164	State:	Arkansas
Filing Company:	Beazley Insurance Company, Inc.	State Tracking Number:	EFT \$20
Company Tracking Number:	BICI0040-AR (F)		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0006 Directors & Officers Liability
Product Name:	Beazley One - Private Company Liability Insurance Program		
Project Name/Number:	/BICI0040-AR (F)		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Form	Wage & Hour Enhancement	Approved	Yes
	Endorsement (Joint Employer Exclusion)		

SERFF Tracking Number: BEAZ-125353164 State: Arkansas

Filing Company: Beazley Insurance Company, Inc. State Tracking Number: EFT \$20

Company Tracking Number: BICI0040-AR (F)

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability

Product Name: Beazley One - Private Company Liability Insurance Program

Project Name/Number: /BICI0040-AR (F)

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Wage & Hour Enhancement Endorsement (Joint Employer Exclusion)	BICPC069100721007		Endorsement/Amendment/Conditions	Replaced Form #:0.00 BICPC06920707 Previous Filing #: BICI0028		BICPC06921007.pdf

Effective date of this Endorsement: <Effective Date>

This Endorsement is attached to and forms a part of Policy Number: <Policy Number>  
<Insurer> Referred to in this endorsement as either the "Insurer" or the "Underwriters"

**WAGE AND HOUR ENHANCEMENT ENDORSEMENT**  
**(JOINT EMPLOYER EXCLUSION AND <SUBLIMIT>)**

This endorsement modifies insurance provided under the following:

**BEAZLEY ONE - PRIVATE COMPANY LIABILITY POLICY**

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Notwithstanding Section III. Exclusions P, the Insurer agrees to provide **Defense Costs** coverage for **Wage and Hour Claims**.

For purposes of this endorsement, **Wage and Hour Claim** shall mean any **Claim** solely alleging violations of any **Wage and Hour Law**.

The Insurer's maximum aggregate limit of liability pursuant to this endorsement shall be **<SUBLIMIT>** and shall only apply to **Defense Costs** ("the Wage and Hour Limit"). The Wage and Hour Limit shall be part of, and not in addition to, the Limit of Liability identified in Item 3.e. of the Declarations. In no event shall the Wage and Hour Limit apply to **Loss** other than **Defense Costs** incurred in connection with **Wage and Hour Claims** and in no event shall the Insurer be obligated to pay more than the Limits of Liability identified in Items 3.a. - 3.e. of the Declarations.

As respects coverage for **Claims** that allege violations of any **Wage and Hour Law** and also contain allegations of otherwise covered **Employment Wrongful Acts**, the **<SUBLIMIT>** Wage and Hour Limit shall apply to those Defense Costs attributable solely to that portion of the **Claim** alleging violations of any **Wage and Hour Law**. Notwithstanding the provision of Section V. Settlement and Defense, the limits of liability stated in Item 3. shall apply to **Loss**, including **Defense Costs**, attributable solely to that portion of such **Claim** alleging the covered **Employment Wrongful Acts**.

2. Section II. Definitions K is amended with the addition of the following:

**Employment Wrongful Act** shall not include violations of any **Wage and Hour Law**.

3. No coverage shall be available for any **Wage and Hour Claim**, or for that portion of any **Claim** that alleges violations of any **Wage and Hour Law**, if any **Executive Officer** was made aware of such violations of the **Wage and Hour Law** prior to the inception date of the Policy.
4. This policy does not cover that portion of any **Claim** alleging violation of any **Wage and Hour Law** which also alleges that the **Insured** is a joint employer or responsible as an employer for an employee of another entity that is not an **Insured**.
5. In excess of the applicable Retention and subject to the Wage and Hour Limit, the **Insureds** shall bear uninsured and at their own risk **<percentage>**% of **Defense Costs** resulting from any **Wage and Hour Claim** brought as a class action (whether certified or not) or by multiple claimants or in multiple plaintiff suits arising out of related **Insured Events**, and the Insurer's liability shall apply only to the remaining percentage of such **Defense Expenses**.
6. Clause V.A.5.(a) is deleted and replaced with the following:

- (a) one hundred percent (100%) of **Defense Costs** shall be allocated to covered **Loss** except costs associated with the defense of actual or alleged violations of **Wage and Hour Laws** (after exhaustion of the Wage and Hour Limit); and

All other terms and conditions of this Policy remain unchanged.

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Authorized Representative



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<i>Project Name/Number:</i>	<i>/BICI0040-AR (F)</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: BEAZ-125353164 State: Arkansas  
Filing Company: Beazley Insurance Company, Inc. State Tracking Number: EFT \$20  
Company Tracking Number: BICI0040-AR (F)  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: Beazley One - Private Company Liability Insurance Program  
Project Name/Number: /BICI0040-AR (F)

## Supporting Document Schedules

		Review Status:	
<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	Approved	11/18/2007

### Comments:

### Attachments:

AR F777 Forms 111407.pdf  
AR F778 111407.pdf

		Review Status:	
<b>Satisfied -Name:</b>	cover letter	Approved	11/18/2007

### Comments:

### Attachment:

AR Letter Forms.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #: BEAZ-125353180	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	0000

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Beazley Insurance Company, Inc.	CT	37540	04-2656602

<b>5. Company Tracking Number</b>	<b>BICI0040-AR (F)</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Renata A. Wright 30 Batterson Park Road Farmington, CT 06032	Sr.Compliance Analyst	860-677-3737 866-623-2953	860-679-0247	renata.wright@Beazley.com

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Renata A. Wright

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0000 - Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0022 – Other (Private Company Liability)
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title</b> (Marketing title)	Beazley One – Private Company Liability Insurance
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
<b>14. Effective Date(s) Requested</b>	New: upon your earliest approval   Renewal: upon your earliest approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A

<b>18. Company's Date of Filing</b>	11/14/07
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	BICI0040-AR (F)
<b>21. Filing Description</b>	[This area should be similar to the body of a cover letter and is free-form text]

In accordance with the laws of your state, Beazley Insurance Company, Inc. is submitting this Form filing to modify a previously approved Wage and Hour Enhancement Endorsement that was approved by your Department. Our original filing of this product was approved by your Department effective September 5, 2005 under our Company Filing Designation BICI-PCL-AR-01 (F).

The following information summarizes the change we would like to make with this filing:

- In our approved Filing Number BICI0028-AR (SERFF Tr Num: BEAZ-125308577) we revised our Wage and Hour Enhancement Endorsement (Joint Employer Exclusion and <Sublimit>), form number BICPC06920707. Unfortunately, we failed to include our joint employer exclusion in this revised endorsement. This information has now been incorporated into this endorsement and is located in Item 4. The remaining items of this endorsement were renumbered and the form number has been updated to read BICPC06921007.

The following documents are attached as part of this filing:

- Required State Forms (if applicable);
- Sample copy of BICPC06921007

We propose to implement this filing for all policies upon your earliest review and approval.

<b>22. Filing Fees</b>	(Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: EFT</b>  <b>Amount: \$20.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		BICI0040-AR (F)		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		n/a		

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Wage & Hour Enhancement Endorsement (Joint Employer Exclusion)	BICPC06921007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BICPC06920707	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



BEAZLEY

Beazley Insurance Company, Inc.

30 Batterson Park Road  
Farmington, CT 06032

Tel: (860) 677-3700  
Fax: (860) 679-0247  
www.beazley.com

November 14, 2007

Honorable Julie Benafield Bowman, Commissioner  
Arkansas Insurance Department  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: Beazley Insurance Company, Inc.  
NAIC: Group Code: 0000  
Company Code: 37540  
FEIN: 04-2656602  
Beazley One – Private Company Liability Insurance Program  
Our Filing No.: BICI0040-AR (F)  
Type of Filing: Form

Dear Commissioner Bowman:

In accordance with the laws of your state, Beazley Insurance Company, Inc. is submitting this Form filing to modify a previously approved Wage and Hour Enhancement Endorsement that was approved by your Department. Our original filing of this product was approved by your Department effective September 5, 2005 under our Company Filing Designation BICI-PCL-AR-01 (F).

The following information summarizes the change we would like to make with this filing:

- In our approved Filing Number BICI0028-AR (SERFF Tr Num: BEAZ-125308577) we revised our Wage and Hour Enhancement Endorsement (Joint Employer Exclusion and <Sublimit>), form number BICPC06920707. Unfortunately, we failed to include our joint employer exclusion in this revised endorsement. This information has now been incorporated into this endorsement and is located in Item 4. The remaining items of this endorsement were renumbered and the form number has been updated to read BICPC06921007.

The following documents are attached as part of this filing:

- Required State Forms (if applicable);
- Sample copy of BICPC06921007

We propose to implement this filing for all policies upon your earliest review and approval. Kindly contact me with any comments/questions or with documentation of the Department's approval of this filing.

Sincerely,

Renata A. Wright  
Senior Compliance Analyst  
Tel: 866-623-2953 or 860-677-3737  
Fax: 860-679-0247  
E-Mail: renata.wright@beazley.com  
Enclosures